

REMARKS

By the present amendment, the specification has been amended to correct several grammatical errors, including those noted by the Examiner. No new matter is added by these corrections.

Also, claims 23-26 have been amended to use proper antecedent basis. It is respectfully requested that the Examiner's objections to these claims be withdrawn.

The claims have been further amended to direct same to subject matter patentable over the applied references. Claims 20-22, and 29 have been cancelled.

Method Claim 19

Independent method claim 19 is rejected under 35 U.S.C. §103(a) as being unpatentable over Simon et al U.S. Patent No. 4,577,639 in view of Donehoo et al U.S. Patent No. 5,788,644.

Claim 19 has been amended to describe a particular placement of electrodes combined with a step of selecting the data to be obtained from the applied electrodes. Amended claim 19 is not rendered obvious by the primary Simon et al. '639 reference or the secondary Donehoo et al. '644 reference. This is for the following reasons. Neither Simon et al. nor Donehoo et al. teach or suggest obtaining additional physiological data from a patient beyond ECG data. The scope of the disclosures of both the Simon et al. '639 and Donehoo et al. '644 patents are limited to ECG monitoring, and fail to disclose that either of these references could be applied to systems for other physiological parameters such as the EEG and IKG signal data, as claimed in claim 19.

Furthermore, claim 19 is not rendered obvious by a conventional automatic lead switching system mentioned by the Examiner as such a system provides redundancy in the signals obtained by the electrodes whereas the method claimed in claim 19 does not. Claim 19 calls for two sets of electrodes; specifically the (1) electrodes attached to the patient to obtain EKG signal data and (2) the remaining additional electrodes attached to the patient for alternately obtaining additional and diverse signal data from the patient, namely EEG signal data or IKG signal data. The present invention thus provides the advantage of being able to obtain EKG signal data and, alternatively, one of EEG signal data or IKG signal data.

However, if a lead of the electrodes for obtaining EKG signal data were to fail, no lead switching is available from the remaining additional electrodes to overcome this loss of data.

In light of the above distinctions, claim 19 is believed allowable over the combination of the Simon et al '639 and Donehoo et al '644 patent references.

Claim 19 is further rejected under 35 U.S.C. §103(a) as being unpatentable over Swenson et al, U.S. Patent No. 5,623,925 in view of Donehoo et al '644. Swenson et al. '925 in view of Donehoo et al. '644 also does not teach a method as claimed in presently amended claim 19. Claim 19 comprises the steps of attaching electrodes to a patient in a manner to obtain EKG signal data, further attaching electrodes to the patient in a manner suitable for obtaining either EEG signal data or IKG signal data, and operating a selection switch to select whether EEG signal data or IKG signal data is to be obtained from the further attached electrodes. The Swenson et al. '925 reference applied in this rejection teaches that a conduit set (52a-52h) disposed for the collection of a particular type of physiological parameter must be connected individually to a universal interface (36). In Swenson et al. '925, in order to switch between conduit sets, the clinician must remove one conduit set from the universal interface and replace that conduit set with the conduit set of the new physiological parameter. By contract claim 19 calls for operating a selection switch to obtain one of EEG or EKG signal data, not unplugging and plugging conduit sets as in Swenson et al.

Furthermore, the combination of Swenson et al. '925 and Donehoo et al. '644 does not teach or suggest the subject matter of presently amended claim 19. Donehoo et al. '644 is limited in its disclosure to a lead switching system for an ECG monitor. Swenson et al. '925 discloses that one of a plurality of patient physiological signals may be an ECG signal. The combination of Donehoo et al. and Swenson et al. would be to substitute the ECG circuitry teaching of Donehoo et al. for that of Swenson et al. so that with respect to ECG signal acquisition, latter would incorporate the former. The addition of Donehoo et al. would not overcome the shortcomings of Swenson et al., noted above.

In light of the above arguments, claim 19 is believed allowable over the combination of the Swenson et al. '925 and Donehoo et al. '644 patent references. Withdrawal of this rejection is earnestly requested.

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Method Claims 21, 23-26, and 28

Method claims 23-28 depend directly or indirectly from claim 19 and are thus believed allowable for the reasons stated above, as well as for the subject matter recited therein.

Apparatus Claim 30

Apparatus claim 30 is rejected under 35 U.S.C. §103(a) as being unpatentable over Swenson et al '925 in view of Donehoo et al '644. Presently amended claim 30 claims a system of the present invention comprising structural limitations similar to the step limitations of presently amended method claim 19. The arguments herein made above regarding the Examiner's rejection of independent method claim 19 are similarly applicable to independent apparatus claim 30.

Apparatus Claims 31 and 32

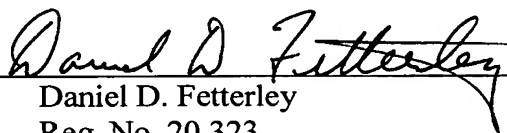
Claims 31 and 32 depend directly from claim 30 and are thus believed allowable for the reasons stated above, as well as for the subject matter recited therein.

Conclusion

The present application is thus believed in a condition for allowance with claims 19, 23-28, and 30-32. Such action is earnestly requested.

Respectfully submitted,

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